WORK MOTIVATION IN A VOLUNTEER SETTING

By

Bruce Phillip Jennings

A DISSERTATION PRESENTED TO THE GRADUATE
COUNCIL OF THE UNIVERSITY OF FLORIDA
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA
1974

This is dedicated to Joy Kurland, whose patience and tolerance have made possible the completion of this project (and many other things).

ACKNOWLEDGEMENTS

The author wishes to express his appreciation to his Chairman, Dr. Richard McGee, not only for his help with this study, but also for the outstanding clinical training ground he developed at the Suicide and Crisis Intervention Service of Gainesville.

For their assistance on this project the author also thanks the members of his committee: Dr. Henry Pennypacker, Dr. Hugh Davis, Dr. Robert Ziller, and Dr. David Lane.

Special thoughts of appreciation are directed to Marty Johnson for his excellent assistance in data collection.

TABLE OF CONTENTS

	Page
Acknowledgements	iii
List of Tables	v
Abstract	vi
Chapters:	
I. Introduction	1
II. Review of the Literature	4
III. Rationale for this Study	24
IV. Method	27
V. Results	38
VI. Discussion	49
Appendices:	
A. Motivator-Hygiene Questionnaire	60
B. Tennessee Self-Concept Scale Profile	71
C. Technical Effectiveness Scale	73
References	75
Biographical Sketch	80

LIST OF TABLES

Table		Page
1.	Percentages of Motivator Factors and Hygiene Factors Cited by Volunteers, According to Type of Experience	38
2.	Expected vs. Observed Proportions of Motivator Factors (From Table 1)	39
3.	Reasons for Leaving Volunteer Service, Cited by Twenty-Five Ex-Volunteers	41
4.	Rank-Order Correlations of Motivator Scores with Performance Variables	43
5.	Rank-Order Correlations of Motivator Scores with TSCS Sub-scales	45
6.	Mean Grades Assigned Each Motivator-Hygiene Factor by Volunteers	47

Abstract of Dissertation Presented to the Graduate
Council of the University of Florida
in Partial Fulfillment of the Requirements for the
Degree of Doctor of Philosophy

WORK MOTIVATION IN A VOLUNTEER SETTING

By
Bruce Phillip Jennings

March, 1974

Chairman: Dr. Richard K. McGee
Major Department: Psychology

Seventy-four volunteers at the Suicide and Crisis Intervention Service (SCIS) of Gainesville, Florida, served as subjects in a study designed to test the applicability of Frederick Herzberg's Motivator-Hygiene theory to a volunteer setting, and to obtain feedback for the SCIS on its own performance in terms of Motivator-Hygiene factors. Motivator factors are six factors which Herzberg found to be associated with periods of higher productivity and greater job satisfaction. They are intrinsic to the job--to the work itself. Hygiene factors are eight factors whose absence was associated with job dissatisfaction, but whose presence does not seem to produce satisfaction or better performance. Hygiene factors are extrinsic to the work itself and have to do with the job context.

The volunteers completed a Motivator-Hygiene questionnaire adapted from Herzberg's procedure and also completed the Tennessee Self-Concept Scale (TSCS). The volunteers also eval-

uated the SCIS in terms of Motivator-Hygiene factors. Motivator scores from the Motivator-Hygiene Questionnaire and scores from the Self-Actualization Scale from the TSCS were correlated with three measures of volunteer performance at the SCIS, and the correlation between Motivator score and Self-Actualization was also checked.

The results supported the original formulations of Motivator-Hygiene theory: (1) Motivator factors were found to be associated with periods of volunteer satisfaction, and Hygiene factors with periods of volunteer dissatisfaction; (2) Hygiene factors predominated over Motivator factors (among ex-volunteers) as reasons for leaving volunteer service.

Herzberg's extensions of Motivator-Hygiene theory were not supported: (1) High Motivator scores were significantly correlated with high performance on only one of the three performance measures; (2) In terms of self-actualization, significant results were obtained in the direction opposite that predicted by Motivator-Hygiene theory (higher Motivator scores were associated with lower self-actualization scores), and this result was supported by further analysis.

The volunteers' evaluation of the SCIS in Motivator-Hygiene terms yielded several findings for Crisis Centers such as the SCIS, among the most important of which were: (1) Volunteers perceive the SCIS as doing a better job in terms of Motivator factors than in terms of Hygiene factors. (2) There appears to be a "burn-out" phenomenon operating in terms of reasons for leaving volunteer service. (3) Three conditions

(represented by two Hygiene factors and one Motivator factor) emerged as the main problem areas, as seen by the volunteers: Supervision and Training; Organization, Policy and Management; and Recognition. (4) There is indication that the "burn-out" effect could be prevented by better supervision and feedback, especially positive feedback for good work.

CHAPTER I

INTRODUCTION

In 1961 the Joint Commission on Mental Illness and Health (1961) published the results of a six-year study of the mental health needs and resources in the United States. One of the major findings of this study was the existence of a mental health manpower shortage. Since that time a number of innovative approaches toward meeting mental health needs have developed. One of the most significant of these is the utilization of volunteer workers in mental health settings (Cowen *et al*., 1967; Ewalt, 1967). Volunteers with a minimum of formal training have worked and are working in mental hospitals (Chinsky and Rappaport, 1969; Gelineau, 1967; Holzberg, 1963; Sanders, 1967; Umbarger and Dalsimer, 1962), in community mental health centers (Reding and Goldsmith, 1967), in mental retardation (Cytryn and Uihlein, 1965), as aids to social workers (Kraft, 1965), in child psychiatry clinics (Mitchell, 1966; Stollak, 1968), in courts (Scheier and Goter, 1969), and in suicide prevention centers (McGee, 1969; Heilig *et al*., 1968; Resnik, 1968; McGee and Jennings, 1973).

Common to all these settings is a willingness on the part of professionals to entrust volunteers with greater therapeutic and case-management responsibilities than had previously been true in the "ladies' auxiliary" days of volunteer service. When volunteers first appeared on the scene in new mental health

roles, it was anticipated that one of the major difficulties surrounding their use would be that of resentment on the part of many professionals because of conflicting ideas of professional domain. This has generally not proven to be a major problem, due mainly to the fact that the recruitment of volunteers has usually meant a prior commitment to the idea by the professionals who recruited them. This problem, then, has not loomed large. Have other, different problems arisen? In the literature on volunteer service, emphasis is generally placed on the human-service aspect of the job and the contribution which the volunteer is making to the client community and to the greater community. Little is said, however, about the possible correspondence between a volunteer service organization and any other organization which provides an ongoing service--namely, the possible similarities in the "management" problems of running the organization.

Some of these settings depend upon a sizeable number of volunteers. For example, the setting in which the present study was conducted--the Suicide and Crisis Intervention Service, Inc., of Gainesville--currently has a volunteer staff of about eighty volunteers. Does this setting have some of the problems which seem to be inherent in any fairly large organization? Two problems which have arisen in the experience of the Suicide and Crisis Intervention Service, Inc., of Gainesville (hereafter referred to as the SCIS) are: (1) the task of providing as high-quality a level of service as possible to the community, and (2) providing for continuity

of service. Over the course of the four-year history of the SCIS the professional staff has felt that the volunteers, as a group, are doing a capable job. At the same time it has been clear that some volunteers have done a better job than others. The SCIS has also learned to work with a high rate of turnover in its volunteers. Two main questions have arisen as the SCIS has attempted to provide a good and continuous service: (1) What type(s) of person(s) tends to make the best volunteer? and (2) What type(s) of person(s) tends to continue in the service for a significant length of time?

The current study addressed itself to these two questions by testing the relationship between performance and longevity in a volunteer service organization (the SCIS) and the individual difference variable "motivational orientation," as conceptualized in the Motivator-Hygiene theory of Frederick Herzberg.

In addition this study also tested the applicability of Motivator-Hygiene theory to a volunteer setting in terms of explaining periods of volunteer satisfaction and dissatisfaction. The study also used the Motivator-Hygiene framework to make statements about the SCIS as a "work" setting, as perceived by the volunteers.

CHAPTER II

REVIEW OF THE LITERATURE

Motivator-Hygiene Theory

In 1957, Herzberg, et al., (1957) published the conclusions of a review of the literature on job attitudes covering a period of fifty years. The primary conclusion was that there was a difference in the relative importance of various job factors depending on whether the investigator was looking for things the worker liked about his job or things he disliked. Proceding from this, Herzberg tested what he called a "two-factor" theory of work motivation among two hundred Pittsburgh accountants and engineers. This study (published as The Motivation to Work, Herzberg, 1959) gave strong support to the idea that certain factors are satisfying while other, different, factors are dissatisfying. The subjects were asked to describe an incident, a sequence of events that led to their feeling exceptionally good about their job, and whether this had, in turn, affected their job performance, their personal relationships, and their well-being. Under a similar procedure the subjects described a sequence of events which led to their feeling exceptionally bad about their job. A content analysis of the subjects' responses yielded sixteen factors, six of which were associated with job satisfaction (the "satisfiers") and ten of which were associated with job dissatisfaction (the "dissatisfiers"). The satisfiers subsequently became known

as the "Motivator" factors since their presence was associated with better performance as well as satisfaction. The dissatisfiers subsequently became known as "Hygiene" factors since their absence was associated with dissatisfaction, but their presence did not seem to produce satisfaction or better performance.

(The meanings which Herzberg gives to the terms "satisfaction" and "dissatisfaction" should be clarified here. In Herzberg's system, satisfaction and dissatisfaction are on two separate continua:

No Satisfaction --------(Motivators)-------- Satisfaction

Dissatisfaction --------(Hygiene)-------- No Dissatisfaction

The opposite of Satisfaction is not Dissatisfaction, but No Satisfaction. Similarly, the opposite of Dissatisfaction is not Satisfaction, but No Dissatisfaction. This conceptualization corresponds to Herzberg's idea of two separate continua for mental health and mental illness to be discussed below.)

Referring back to the original study, the six Motivator factors are:

Achievement	Work Itself	Advancement
Recognition	Responsibility	Possibilities for Growth

The ten Hygiene factors are:

Supervision
Company policy and administration
Working Conditions
Interpersonal Relationships with Superiors
Interpersonal Relationships with Peers
Interpersonal Relationships with Subordinates
Salary
Status
Job Security
Effect on Personal Life

Herzberg feels that, in general, the Motivators pertain to the actual doing of the job itself, whereas the Hygiene factors pertain to the job context, the environmental surround.

Subsequent to the publication of The Motivation to Work Herzberg elaborated the Motivator-Hygiene schema into a two-dimensional need-system of man. This system is developed in detail in his later book, Work and the Nature of Man (Herzberg, 1966). Here he speaks of man as having two broad sets of needs--"Animal" needs, which focus on avoidance of pain from the environment, and "Human" needs, which focus on approaching self-fulfillment or psychological growth through the accomplishment of tasks. In a job situation, says Herzberg, workers may be classified into "Motivator-seekers" and "Hygiene-seekers." Motivator-seekers look for growth opportunities in their work and are motivated by the nature of the task itself, the job content. Hygiene-seekers look for the satisfaction of more basic needs and are motivated by the nature of the environment, the job context. As can be seen, this system is very similar to Maslow's better-known idea of "growth motivation" vs. "deficiency motivation" (Maslow, 1955, 1962).

In Work and the Nature of Man, Herzberg also postulates two separate continua for Mental Health and Mental Illness, corresponding to his two separate continua for Satisfaction and Dissatisfaction.

No Mental Health ---------- Mental Health

Mental Illness ---------- No Mental Illness

The Motivator-seeker--be he satisfied or dissatisfied, happy

or unhappy--seeks to satisfy both his animal needs and his human needs; he seeks both a state of Mental Health and a state of No Mental Illness. The Hygiene-seeker is not on the Mental Health continuum at all, according to Herzberg. He seeks only a state of No Mental Illness (No Dissatisfaction). The Hygiene-seeker will cite predominantly Hygiene factors, both when describing sources of satisfaction and sources of dissatisfaction on his job. The Motivator-seeker will cite predominantly Motivator factors when describing sources of satisfaction and may cite either Motivator factors or Hygiene factors when describing sources of dissatisfaction. It is Herzberg's contention that Motivator-seekers are more mentally healthy and perform better than Hygiene-seekers.

Herzberg, therefore, has described two somewhat separate lines of study in Work and the Nature of Man. On the one hand, he focuses on the factors inherent in job situations, divides them into two main types (Motivator factors and Hygiene factors), and states that, as a group, workers will cite Motivator factors when describing satisfying experience and Hygiene factors when describing dissatisfying experiences. On the other hand, he introduces an individual difference variable and says that one can speak of workers as either Motivator-seekers or Hygiene-seekers. Although these two lines of thought are not incompatible, Herzberg does not tie them together as well as he might. It appears that both propositions hold true from Motivator-Hygiene research, i.e., (1) workers in general tend to cite Motivator factors as satisfiers and Hygiene factors as dissatis-

fiers, and (2) some workers tend to mention Hygiene factors predominantly. This study tests both of these propositions. The second proposition, involving the "mental health" aspects of the theory, has not been extensively researched. Herzberg himself did not test it and did not propose a specific means of identifying individuals as Motivator-seekers and Hygiene-seekers. A few studies have tested the mental health implications and have found support for Herzberg's proposition. These studies, however, have generally been done in settings less comparable to a work setting than the setting used in this study.

In Work and the Nature of Man Herzberg reviews thirty studies based on Motivator-Hygiene theory, during the period 1959-1966. Nine of these studies are replications of Herzberg's original patterned-interview design with different populations. The remaining twenty-one studies involve modifications of Herzberg's original design. The replications found support for Motivator-Hygiene theory across several variables--occupational setting, occupational level, sex, race, age, and nationality. The occupational settings were: industry and manufacturing (Schwartz, 1959; Herzberg, 1965; Saleh and Otis, 1963; Myers, 1964; Perczel, 1966), government offices (Walt, 1966), agricultural extension (Clegg, 1963), and V. A. hospitals (Anderson, 1966; Gendel, 1966). Occupational levels included: professional and top management (Walt, Myers, Anderson, Saleh, Perczel), middle-level management (Schwartz, Clegg, Myers), lower-level supervisors (Herzberg), skilled workers and technicians (Myers, Anderson), and unskilled workers (Myers,

Anderson). One study involved entirely female subjects (Walt), and three other studies involved female subjects (Myers, Anderson, Gendel). Two studies mentioned black subjects (Anderson, Gendel), in one of which (Gendel) 90% of the subjects were black. Most of the studies involved a wide age range of subjects, but one study of particular interest is that by Saleh (1963), who studied workers aged 60-65 in companies which had compulsory retirement at 65. Two studies were done outside the U. S.--Herzberg (1965) in Finland and Perczel and Mavag (1966) in Hungary. In all of these studies, Motivator factors were mentioned over Hygiene factors as sources of satisfaction by an average ratio of 4:1 or 5:1. Hygiene factors were mentioned over Motivator factors as sources of dissatisfaction by a ratio of 2:1.

The remainder of the studies reviewed by Herzberg in Work and the Nature of Man involved modifications of his original procedure. These studies (1) used various questionnaires and rating forms which differed from Herzberg's original patterned interview, (2) used job factors which were comparable but not identical to Herzberg's sixteen factors, (3) studied dependent variables such as performance, overall satisfaction, turnover, and "mental health," and in some cases, (4) took place in non-work settings. The first study to be mentioned is the one which Herzberg cites as being the most conclusive single study since it was in the form of a controlled experiment. Herzberg (1966, p. 161) studied a group of female communications workers in a large company. This group was noted

for its low performance and morale and high turnover. One group of these women had their jobs experimentally loaded with Motivator factors, while another group did not. Hygiene factors were held constant. This was done without the knowledge of either the supervisors or the workers. Six months later the experimental group showed better performance and morale and lower turnover.

Some other studies mentioned by Herzberg will be cited here; they bear some relevance to the proposed study in that they took place in non-job settings and involved "mental health" variables. Fantz (1962) studied patients in a rehabilitation hospital, identifying them as Motivator-seekers and Hygiene-seekers using factors based on Maslow's hierarchy of needs. She found that Motivator-seekers were rated as significantly more improved than Hygiene-seekers after three months of rehabilitation therapy. Hamlin and Nemo (1961) were the first to test what Herzberg calls the "mental health implications" of Motivator-Hygiene theory. They compared the motivational patterns of improved and unimproved schizophrenic patients. For this they devised a "choice-motivator" scale in which various occupations and activities were matched. The subject was required to give the reasons for his choices, and it was the reasons which constituted the determining factor, whether Hygiene or Motivator. Improved patients had a significantly higher percentage of Motivator choices than unimproved patients. The results of this study were verified in later studies by Sanvold (1962) and Graglia and Hamlin (1964). Haywood and

Dobbs (1963) used Hamlin and Nemo's choice-motivator scale in a study with eleventh and twelfth grade boys. Their results supported their prediction that Motivator-seekers are more inclined toward approach behavior in tension-inducing situations, whereas Hygiene-seekers are inclined toward avoidance behavior in such situations. The choice-motivator scale was also used by Herzberg (1966, p. 160) in a study of management trainees. The subjects were given the choice-motivator scale and a rating scale made up of five Motivator factors and five Hygiene factors. This second measure (which is similar to the one to be used in the proposed study) required the subject to think of a positive and a negative incident during his training and to indicate which factors were involved. Supervisors also rated trainees as to their motivational orientation. Significant correlations were found between both measures of motivational orientation and assessments of job performance.

In 1967 two reviews of the Motivator-Hygiene literature appeared, one of which is generally critical of the theory (House and Wigdor, 1967) and one of which is supportive of it (Whitsett and Winslow, 1967). House and Wigdor review thirty-six studies, fifteen of which were not cited by Herzberg in _Work and the Nature of Man_. They cite three grounds on which the original study has been criticized: (1) limitations of the patterned-interview format, (2) other procedural deficiencies, and (3) inconsistency with past evidence concerning satisfaction and motivation. The first criticism stems from Vroom's (1964) objection to the self-report, critical-incident method on the

basis of defensive processes of the individual respondents:

> . . . . Persons may be more likely to attribute the causes of satisfaction (Motivator factors) to their own achievements and accomplishments on the job. On the other hand, they may be more likely to attribute their dissatisfaction not to personal inadequacies or deficiencies, but to factors in the work environment (Hygiene factors). (p. 124)

Herzberg dealt with this criticism in Work and the Nature of Man. Experience with actual job-attitude data, he says, indicates that the opposite of Vroom's criticism is true. Employees who wish to make themselves look good are much more prone to say they are unhappy because they do not have responsibility, are not getting ahead, have uninteresting work, see no possibility for growth, etc.(Motivator factors) than to say that their supervisor is unfriendly, the administration poor, the working conditions bad, etc. (Hygiene factors). The data presented in Work and the Nature of Man all reveal that, when there is slippage of factors, it is overwhelmingly in the direction of blaming the Motivator factors for job dissatisfaction.

House and Wigdor make several criticisms involving deficiencies in the research procedure. The first is that the coding of the responses is not completely determined by the rating system but requires interpretation by the rater. While this criticism may be levelled at any coding schema involving raters, it is true that there is little reliability data in Herzberg's research, and it is hard to interpret the form in which he presents it. House and Wigdor suggest that a more objective approach would be to have the respondents themselves perform the ratings. Herzberg did this in one of his later

studies (1966), and this method was also used in the current study. A second procedural criticism is that the original study contains no measure of overall satisfaction.

In the other review, Whitsett and Winslow (1967) point out that Motivator-Hygiene theory is not designed to make predictions about overall satisfaction and does not do so. Rather, Motivator-Hygiene theory states that the Motivator and Hygiene dimensions are separate and that job attitudes must be looked at twice--once to see if the needs fulfilled by the Hygiene factors are indeed fulfilled and again to see if the needs fulfilled by the Motivator factors are met. If Motivator-Hygiene theory did make predictions about overall job satisfaction, say Whitsett and Winslow, it would predict that both Motivator and Hygiene factors contribute to overall satisfaction. Herzberg's own conclusions are somewhat confusing on this point when he cites three studies which deal with overall satisfaction (Gibson, 1961; Halpern, 1966; Fine and Dickman, 1962) and speaks of Motivator-seekers as more "satisfied" employees without specifying exactly what he meant. Despite Whitsett and Winslow's cautions, predictions about overall satisfaction probably can be made from Motivator-Hygiene theory. However, the study proposed here will not measure overall satisfaction.

Another criticism of Motivator-Hygiene research procedures made by House and Wigdor is that Motivator factors and Hygiene factors are not mutually exclusive; i.e., that a given factor may be a "satisfier" (Motivator) for one person and a "dissatis-

fier" (Hygiene) for another person. Actually, House and Wigdor see this as the major criticism and conclusion from their review. They say that in the thirty-six studies they reviewed, two of the Motivator factors (Achievement and Recognition) are mentioned more as dissatisfiers than two of the Hygiene factors (Working Conditions and Relations with Superiors). However, even a cursory examination of their table of data (reproduced below) shows that for every factor listed there is a clear tendency for that factor to be designated as Motivator-Hygiene theory would predict, by ratio's of anywhere from 3:1 to 9:1. This, actually, is the proper test of the theory.

Factor	# Times listed as Motivator	# Times listed as Hygiene
Achievement	440	122
Recognition	309	110
Advancement	126	48
Responsibility	168	35
Work Itself	175	75
Policy and Administration	55	337
Supervision	22	182
Work Conditions	20	108
Relations with Superiors	15	59
Relations with Peers	9	57

The third general line of criticism made by House and Wigdor has to do with the relation between satisfaction and performance. They say that if Motivator-Hygiene theory were correct we should expect highly satisfied people to be highly motivated and to produce more. This, they say, does not seem to be the case. Herzberg et al. (1959) cited twenty-seven studies in which there was a quantitative relationship between job attitude and productivity. Of these only fourteen revealed

a positive relationship. In the remaining thirteen job attitudes and productivity were not related. House and Wigdor neglect to mention that these studies were not Motivator-Hygiene studies. They do, however, cite a more relavant critique by Vroom (1964), who examined twenty Motivator-Hygiene studies dealing with the relationship between job satisfaction and job performance. Seventeen studies yielded a positive relationship, with a median correlation of .14, while three studies yielded a negative relationship. It should be mentioned that many of these studies have been criticized on both conceptual and methodological grounds in Herzberg in Work and the Nature of Man and by Whitsett and Winslow in their (1967) review. House and Wigdor go on to state that "motivation" is only one of the conditions necessary for productive work and that other factors may negate the potential effect of motivation. They then list several factors which might do this--all of which are Hygiene factors!

The most recent review of the Motivator-Hygiene literature is by Kaplan, Tausky, and Bolaria (1969). Like the other two reviews, it is not merely a review, but a partisan one. It is critical of the theory, especially the programs of "job enrichment" proposed by some exponents of the theory. The crux of the article is that many workers, primarily those in low-level jobs, do not see Motivator factors as important for job satisfaction and actually resist, in many cases, a job enrichment program designed to introduce Motivator factors into their work. They list thirty-nine studies, fourteen of which were

published subsequent to the previous views. Twenty-one studies reported results supportive of the theory, of which seventeen used Herzberg's patterned-interview method. Eighteen studies report results contrary to the theory, fifteen of which did not use Herzberg's method. It should be noted that Herzberg (1966) and Whitsett and Winslow (1967) had already levelled strong criticisms at ten of the eighteen non-supportive studies, and would perhaps be able to account for the non-supportive results of the subsequent ones also. The current study used both Herzberg's method and a different method (a check-list) to determine Motivator-Hygiene orientation. With respect to the criticism regarding job level, Herzberg reported several studies wherein Motivator-Hygiene theory was supported for unskilled workers as well as for top-level workers. However, there are enough contradictory results to cast some doubt on the applicability of Motivator-Hygiene theory to low-level jobs where there seems to be little opportunity for Motivator satisfaction. At any rate, there is a need for more evidence from studies which focus specifically on the variable of job level. This line of criticism does not have relevance to the current study since all subjects in the study were doing the same type of work, and work which ostensibly is heavily loaded with Motivator factors. Meanwhile, Motivator-Hygiene theory is continuing to meet the most important criterion of the viability of a theory--it is continuing to generate a body of research.

Research on Volunteers

Little research has been done on the volunteer mental health worker. The line of research begun by Truax and Carkhuff (1967) is relevant here since it has often compared the effectiveness of non-professional (but trained) counselors against that of professional counselors and therapists. The non-professionals proved as effective as the professionals on the Truax and Carkhuff measures of Genuineness, Warmth, Accurate Empathy, and Depth of Client Exploration. Several studies employing the Truax-Carkhuff methodology with volunteers and non-professionals are reported by Guerney (1969). Chinsky and Rappaport (1969) report positive changes in self-concept among college students working as volunteers in a state hospital.

Most of the research has been done in suicide and crisis intervention centers. Resnik (1964, 1968) provided a sobering report on twenty-two volunteers at a suicide prevention service. Of the twenty-two, only seven were classified normal (by virtue of MMPI profiles), while nine were termed neurotic and six psychotic. Resnik also applied to his subjects the criteria used in the Midtown Manhattan Study (Kirkpatrick and Michael, 1962) and found that seven of the volunteers fell into the "severe and incapacitated" group. However, Resnik did find (thankfully) that the healthier volunteers were the ones who eventually handled most of the calls at the center. Heilig *et al*. (1968) reported on the selection procedures used at the Los Angeles Suicide Prevention Center, the nation's first SPC. The primary selection procedure was a series of three interviews.

Applicants also completed the MMPI and wrote a short autobiography. A set of a priori criteria were established. In general, the staff looked for maturity, responsibility, motivation, sensitivity, willingness to accept training and supervision, and ability to get along in a group. In particular they looked for stability in occupation and interpersonal relationships and evidence of good judgment in dealing with one's own crises. They excluded persons who were disruptive, hypercritical, complaining, rigid, and those who seemed to want to use the program to push their own particular conception of human problems and solutions. Selection procedures were more thorough at the Los Angeles SPC than at the center studied by Resnik, and the Los Angeles group got better performance from its volunteers. An interesting sidelight is that the Los Angeles group reported that the chief complaint of their volunteers was about communication with the staff (a Herzberg Hygiene factor).

In 1969, the Center for Crisis Intervention Research, in Gainesville, received a grant specifically for the purpose of conducting research on crisis center volunteers. McGee _et al_. (1971, 1972) presented a summary of research at the center during its first two years of operation. Fowler and McGee reported on the development of a Technical Effectiveness scale for assessing the important aspect of a volunteer's performance on the crisis phone (Fowler and McGee, 1971, 1973). This scale is described in some detail in a later section of this proposal. Knickerbocker and McGee (1973) reported on a rating

for another important aspect of performance on the crisis phone--Clinical Effectiveness--a rating based on Truax and Carkhuff's variables of Accurate Empathy, Warmth, and Genuineness. Trained raters used Truax's stage rating method and Lister's component rating method on taped telephone calls. As predicted, sixty-five volunteer non-professionals were found to be functioning at levels as high or higher than twenty-seven professionals. McGee et al. (1967) correlated subscales from MMPI profiles of seventy-eight volunteers with "involvement with the program." Three MMPI scales--F, D, and Si--discriminated significantly between volunteers who remained with the program more than six months and those who dropped out before six months. However, when the authors considered the base rate for dropping out and considered cutoff scores for selection, they concluded that use of these scales would give no added advantage to any program which provided orientation (training) for its volunteers. In a second phase of the same study, an attempt was made to "predict" on-the-job performance for twenty-two of the above volunteers, using demographic data and scales from the MMPI, the California Psychological Inventory (CPI), the Adjective Check-list, and the Tennessee Self-Concept Scale (the measure used in this study). Performance criteria consisted of: (1) judges' (supervisors') ratings of performance on eleven seven-point scales, (2) the volunteers' attendance at training sessions, and (3) scores made by volunteers on quizzes during training. It was found that none of the demographic data correlated with any of the

performance criteria. There were, however, some meaningful correlations between some of the personality test scales and the performance ratings. Cutoff scores were drawn for selecting volunteers on the basis of their possessing at least four of the seven "positive signs" (personality test scale scores) associated with one of the performance criteria (judges' ratings). A cutoff score was chosen which correctly classified all volunteers in the Middle and Highest performance categories.

In another study (Ansel and McGee, 1971) the attitudes toward suicide attempters held by members of various community helping groups (one of which was made up of crisis intervention volunteers) were compared with those held by the lay public. Some of the findings were: (1) the volunteers tended to hold more favorable attitudes than the lay public and two of the four other helping groups (but not significantly more); (2) the less "intention to die" the volunteer perceived in an attempt, the more negative his attitude toward the attempter (this also held for three of the five other groups); (3) there was a tendency for volunteers to hold more favorable attitudes after several months' work than immediately upon completion of their training course. Jennings (in McGee _et al._, 1971) studied the motivations and expectations with which volunteers entered the program at the Suicide and Crisis Intervention Service. Fifty volunteers, all of whom had worked at least three months in the program, were placed in one of six categories according to their primary motivation for entering the program. The six groups were then compared in terms of: (1) their level

of performance in telephone work (Technical Effectiveness), (2) their level of satisfaction with the work, (3) their rating of the quality of the center's service to the community, and (4) self-ratings of effectiveness in comparison to other volunteers. Only one of these four measures--level of performance in telephone work--appeared to discriminate among the six motivational groups. (However, the small subject population, distributed across the six motivational categories, was not subject to statistical analysis.) Belanger (1972) developed a nineteen-item "Inflexibility" scale from the California Personality Inventory. The scale was cross-validated on a sample of 72 SCIS volunteers to see if it could discriminate the lowest 10% of volunteers on the criterion of CE (Clinical Effectiveness). The scale correctly classified six of the seven lowest volunteers and sixty-four of the upper sixty-five. In another study Ansel (1972) examined possible personality and demographic correlates of volunteer performance. The predictor variables included: age, sex, marital status, education, number of children, housewife vs. employed, religion, previous experience in psychotherapy, and own personal suicidal history; predictor variables also included the eighteen subscales of the California Personality Inventory. Criterion variables were: Length of Service in the program, Involvement Ratio (the number of duty shifts the volunteer took, divided by length of service), Technical Effectiveness (TE), and one component of Clinical Effectiveness (Facilitative Genuineness). Multivariate statistical analysis failed to yield substantial

results in terms of personality and demographic correlates of volunteer performance. Among the performance variables, average volunteer levels of Technical Effectiveness and Genuineness were significantly, but minimally correlated. However, when these variables were correlated on a call-by-call basis, it appeared that the amount of volunteer defensiveness and discomfort (Clinical Effectiveness) in response to the caller in the opening minutes of the call may determine the adequacy of his technical handling (TE) of the entire call. Ansel suggests that, from his study, a procedure of screening volunteers on the basis of a priori predictor variables does not seem promising; he suggests that careful monitoring of calls and ongoing supervision would be a better method of facilitating better performance.

Other research conducted at the SCIS has focused on the callers (clients) rather than the volunteers and will not be cited here. One further study will be mentioned. Tapp (1972) studied the personal characteristics of volunteers at the Buffalo, New York, Suicide Prevention Center. He compared the scores of the volunteers with those of a college-student control group on three personality measures: The Tennessee Self-Concept Scale, the Personal Orientation Inventory (Shostrom, 1964), and a self-disclosure questionnaire. Four scales of the Tennessee Self-Concept Scale discriminated between the two groups. Volunteers obtained more positive scores on the scales of Identity Self, Behavioral Self, Personal Self, and Social Self; there was also a (non-significant) trend towards a more

positive overall view of self by the volunteers, as indicated by a slightly higher Total Positive Score on the TSCS. Volunteers obtained higher scores on all subscales of the Personal Orientation Inventory (a measure of self-actualization), but none of the differences approached significance. Volunteers also showed consistently higher scores than the college students on the Self-Disclosure Questionnaire (significance levels not reported). Tapp states that the results of this study are consistent with previous work on the characteristics of volunteers in other settings. He cites a review by Grover (1971)--not mentioned in this review--which summarized the research on the changes which occur in volunteers. Grover reports positive changes in moral judgments of sexual and aggressive acts, increased self-acceptance, self-understanding, self-confidence, and an enhanced identity formation.

CHAPTER III

RATIONALE FOR THIS STUDY

The main purpose of this study is the attempt to identify a personality correlate of performance in one type of volunteer setting. Only four studies thus far have studied volunteer performance using objective performance measures. To date no personality correlates of performance have been identified.

No previous investigation involving volunteers has made performance predictions generated by a theory. While Motivator-Hygiene theory is somewhat sketchy as a theory, it nevertheless gives this study a broader theoretical base than previous studies of volunteer performance cited earlier. Motivator-Hygiene theory, a theory from industrial psychology, was selected for this study because of the apparent similarity of the SCIS to a "work" setting in many respects (it has a professional staff, there are many specific tasks that have to be done, there are some broad goals to be achieved and policies to be followed. However, the applicability of Motivator-Hygiene theory to a volunteer setting is an open question since it has never been tested in such a setting. To test the applicability of Motivator-Hygiene theory, then, was the second main purpose of this study. In the course of a pilot study in which the author studied the motivations and expectations of the volunteers, the volunteers' accounts of "positive experiences" and "negative experiences" at the SCIS were coded (not by the Motivator-Hygiene coding

system). Volunteers mentioned a wide variety of experiences: feelings of achievement from doing a good job, recognition from the staff, unpleasant exchanges with other volunteers, run-ins with the staff, excessive paper work, etc.

The use of Motivator-Hygiene theory was also indicated because it is to some extent a personality theory (with the concepts of Motivator-seeker and Hygiene-seeker). As stated above, previous studies have generally been unsuccessful at identifying personality correlates of performance. Nevertheless, most investigators feel that the identification of such correlates would be valuable. In addition, Herzberg's sixteen factors would enable the SCIS staff to obtain valuable feedback on how the volunteers perceive the SCIS along several dimensions.

No previous studies have contacted the volunteers after they left volunteer service to ascertain their reasons for terminating. Previous studies have been merely speculative, in that they asked the worker to give the reasons why he might leave the job. Here the ex-volunteers were contacted after they had left volunteer service. In addition to testing the Motivator-Hygiene hypothesis that Hygiene factors should predominate among reasons for leaving, it was also hoped that these data would be valuable to the SCIS for management purposes.

The rationale for using the Tennessee Self-Concept Scale (more specifically the Self-Actualization score from the TSCS) is stated in a subsequent section on Methods.

The specific aims of the study, therefore, are as follows:

1. The study tests the general applicability of Motivator-Hygiene theory to a volunteer setting.

(Prediction: Motivator factors should predominate among recollections of positive experiences, whereas Hygiene factors should predominate among recollections of negative experiences.)

2. The study tests the applicability of Motivator-Hygiene theory in accounting for dropouts from volunteer service. (Prediction: Hygiene factors should predominate over Motivator factors as reasons for terminating service.)

3. The study attempts to identify a personality correlate of volunteer performance and longevity. (Prediction: Volunteers with higher Motivator scores should demonstrate better performance and greater length of service than volunteers with lower Motivator Scores.)

4. The study tests the personality-theory/mental-health aspect of Motivator-Hygiene theory. (Prediction: Volunteers with higher Motivator Scores should score higher on the measure of self-actualization than volunteers with lower Motivator Scores.)

5. The study attempts to gather data about the SCIS itself, as a work setting. Here the attempt is to get feedback from the volunteers to the SCIS, in Motivator-Hygiene terms, as to the strengths and weaknesses of the SCIS.

CHAPTER IV

METHOD

Subjects

Seventy-four subjects participated in this study. Forty-nine subjects were currently serving as volunteers at the SCIS when the data for this study were collected. Twenty-five subjects were ex-volunteers. All subjects had served in a volunteer capacity for at least three months, with the exception of two of the ex-volunteers who had served a slightly shorter time. The subject group was composed of forty-seven women and twenty-seven men and ranged in age from 18 to 53. About two-thirds of the group were college students or student-aged, while one-third were older, more permanent community residents.

Since a great deal of effort was involved in locating and contacting the ex-volunteers, it was decided to pay them as an incentive for securing their participation. In order to keep this incentive from becoming an extraneous variable all subjects, both current and ex-volunteers, were paid five dollars for participating.

Method

All subjects completed a Motivator-Hygiene (M-H) Questionnaire consisting of six items. Their responses to this questionnaire were rated for Motivator-Hygiene content by trained raters. Following this they completed the Tennessee Self-Concept Scale (TSCS). The volunteers' scores on the Motivator-Hygiene Ques-

tionnaire and the TSCS were then checked against their scores on the performance measures in terms of the hypotheses of this study.

Motivator-Hygiene Questionnaire

A copy of the Motivator-Hygiene Questionnaire appears as Appendix A to this study. It consisted of six items. The first four items were used to determine a subject's "Motivator Score," or the degree to which he cited Motivator factors as sources of satisfaction and dissatisfaction. On these items the volunteers described in detail two specific positive experiences and two negative experiences which had happened to them during their work at the SCIS. Trained raters then rated these responses for Motivator-Hygiene content. Up to this point the procedure is the same as that used by Herzberg. Herzberg claims that this procedure has the advantage of focusing the subject's attention on a specific incident and one which is emotionally meaningful to him, and thus has a greater chance of tapping a real attitude than procedures which elicit his responses to a more generalized situation and one which may not even be meaningful to him. House and Wigdor (1967) criticized this "critical incident" method on the grounds that a subject's responses might be perceptually distorted to his own benefit and that Herzberg's coding system involved considerable interpretation by the raters. They proposed a more objective rating system, such as having the subjects themselves do the rating. Kaplan et al. (1969) also say that Motivator-Hygiene studies which used methods different from that used by Herzberg tended to yield

results which did not support Motivator-Hygiene theory. For this reason it was decided to check the value of determining a subject's Motivator score in an additional way by having the subject respond to his own stated incident by checking off all the Motivator-Hygiene factors which, to him, were "reasons why" the incident was a positive one or a negative one. This additional method was also used because it is in one sense similar to Herzberg's method. Herzberg gave the name "first level factors" to the factors which were elicited by the critical incidents method. He then proceeded to elicit "second level factors" by means of a structured interview. Essentially these second level factors are "reasons why," as perceived by the subject. (Most of Herzberg's analyses were based on the first level factors.)

In this study, then, each subject received two "Motivator scores"--one computed by the raters from the essays, and one computed from the subject's own check-list responses to his/her essays. The main purpose of this procedure was to see if the two methods yielded similar or different results in terms of Motivator-Hygiene theory, and to see if one was superior to the other as a predictor of volunteer performance.

The final two items on the Motivator-Hygiene Questionnaire involved the volunteers' evaluation of the SCIS as a work setting (in Motivator-Hygiene terms) and the ex-volunteers' reasons for leaving the SCIS. On the evaluation item the volunteers were asked to give the SCIS a grade on each of the fourteen Motivator-Hygiene factors used in this study (two of

Herzberg's sixteen factors were not used--see below). The grading system was 0 to 100, with 50 being a "passing" grade. On the item dealing with reasons for leaving the ex-volunteers checked as many of the fourteen reasons (Motivator-Hygiene factors) as applied to them when they left. They were also asked to rank the reasons they checked, in order of importance.

Some slight modifications of Herzberg's sixteen factors needed to be made for this study. Two of Herzberg's Hygiene factors were not used in the study (Salary and Interpersonal Relations with Subordinates). Salary was not included because there are no financial compensations provided at the SCIS, and while there may be compensations roughly comparable to salary, they would likely be included by other factors. Interpersonal Relations with Subordinates presents a more difficult consideration. At the SCIS, volunteers may be selected to be members of the "Care Team" (the mobile service which provides face-to-face contact with callers in emergency situations) or to be "Crisis Counselors" (a position with greater client contact and some administrative responsibilities). These positions are regarded as being a "step up" by volunteers, and selection to one of these positions will be regarded in this study as falling under Herzberg's factor of Advancement. However, relations among Care Team members, Crisis Counselors, and C.A.'s ("Clinical Associates"--the regular telephone volunteers) are not nearly as defined as those between superiors and subordinates in most work settings. Therefore, the inclusion of such an item seemed inappropriate to this study. All of the remaining Herzberg factors were used in the study. Two of these factors--Oppor-

tunity for Growth and Status--needed to be redefined slightly. Herzberg defines "growth" in an almost purely vocational sense. The person sees opportunities to move upward in his profession or job. While some volunteers cited motives such as this in earlier pilot study at the SCIS (they saw their SCIS experience as possibly opening doors to future careers), most of them spoke of "growth" in the sense of growth "as a person." In this study the factor of Opportunity for Growth was represented by an item which was slanted toward this broader meaning. Herzberg also defines Status in a more limited way than it was defined in this study. He deals more with the "trappings" of status (having a secretary, being allowed to drive a company car, etc.). Here Status will apply to all incidents where the volunteer felt that people paid more (or less) attention to him/her and gave him/her more (or less) respect because he/she was a volunteer at the SCIS.

Ratings of Motivator-Hygiene Questionnaire

Three trained raters[1] reviewed the 296 "critical incidents" produced by the seventy-four subjects. Training was done by independently exposing the raters to Herzberg's interpretation of the meanings of each of the fourteen factors and the re-interpretation of the factors Status and Opportunity for Growth. Each rater then practiced rating sixty pilot essays, with independent feedback after each twenty essays. They then rated the 296 experimental essays independently. In rating an essay they simply indicated every Herzberg factor which appeared at least

[1]The three raters were all advanced graduate students in psychology and counseling.

once in the essay.

Degree of rater agreement was computed in three ways: (1) The first was the way used by Herzberg. Herzberg (1959, p. 39) reports a 95% agreement among his three original raters. He determined this by counting an "agreement" as each case of agreement between a pair of raters that a factor was present, plus each case of agreement that a factor was absent, i.e., percentage of agreement was:

$$\frac{\text{\# of observed agreements}}{\text{\# of possible agreements}} = \frac{\text{\# of agreements factor is present} + \text{\# of agreements factor absent}}{\text{\# of possible agreements}}$$

When computed in this manner, the index of agreement among raters in this study was .912. However, since this study was concerned with the factors which were agreed to be present (for purposes of assigning a Motivator score to each volunteer), this index of agreement was felt to be inappropriate and spuriously high. (2) Next it was determined what percentage of the factors cited were unanimously cited by the three raters. This index proved to be .487. It was felt that using only these unanimous factors would involve discarding more of the data than was desirable for the purpose of computing reliable Motivator scores. (3) Finally, it was determined how many of the factors cited were agreed upon by two out of the three raters. This figure was .630 and this was the index used in the study. Only these factors, on whose presence two out of the three raters agreed, were used in determining Motivator Scores.

As mentioned earlier, each volunteer received two Motivator Scores--one computed from the ratings, and one computed

from the self-check list. In both cases the score was a percentage score--the percentage of Motivator factors (as opposed to Hygiene factors) cited by the volunteer across all four essays and all four check lists.

Tennessee Self-Concept Scale

The measure of self-actualization used in this study was the Self-Actualization (SA) scale from the Tennessee Self-Concept Scale (TSCS) The TSCS is the primary diagnostic and research tool in a research program on Self-Concept and Rehabilitation conducted by William H. Fitts at the Dede Wallace Mental Health Center in Nashville, Tennessee (Fitts, 1965, 1971). It is the most frequently cited measure of self-concept in the literature over the past eight years. The scale was in developmental stages for nine years. It was standardized on 1,091 persons, including a "Norm" group of 616 and special norm groups for Personality Integration, Psychosis, Neurosis, Psychopathic Deviance, and Defensiveness. It was cross-validated on a group of college students (N=100) and three groups of psychiatric patients (N=300). Reliability and validity data are presented by Fitts in the manual (1965) and elsewhere (1971).

Theoretically, the one hundred items on the TSCS represent eight "dimensions" of the self. Three are "Internal Dimensions" (the Identity Self, Judging Self, and Behavioral Self) and five are "External Dimensions" (the Physical Self, Moral-Ethical Self, Personal Self, Family Self, and Social Self). The scoring system is complex, but largely computerized. Scores are plotted on a profile sheet with twenty-nine scales. Fitts

(1972) has recently published the addition of another score--the Self-Actualization score--which serves as a summary score for the twenty-nine scales.

The SA score from the TSCS was an appropriate measure to use in this study for two reasons. First, it is a summary score which incorporates all one hundred items on the scale and all the sub-scales. Second, and more important, the SA score is derived from combining two other summary scores--the Number of Deviant Signs (NDS) score and the Number of Integrative Signs (NIS) score. The NIS represents personality strengths while the NDS represents personality deficits. This is in keeping with Herzberg's contention that we must evaluate a person both on the dimension of mental health and on the dimension of mental illness. (A profile sheet for the TSCS appears as Appendix B.)

Performance Measures

Motivator-Hygiene theory states that there is a positive relationship between an orientation toward Motivator factors and higher levels of performance on the job. In Herzberg's research, however, performance was generally "perceived" performance (as perceived by the subject). In only one study (1966) did Herzberg use objective measures of performance. Motivator-Hygiene theory also states that Motivator-seekers (individuals who show a general tendency to cite Motivator factors) will demonstrate higher levels of performance and greater longevity on the job than Hygiene-seekers. Herzberg did not test this extension of his theory directly. In this study the theory

was tested more directly by assigning quantitative scores to the degree to which an individual orients toward Motivator factors (his Motivator Score) and to the performance measures themselves. The performance measures were (1) Involvement Ratio (IR), (2) Technical Effectiveness (TE), and (3) Length of Service (LS--the longevity measure). These measures are described below.

Involvement Ratio is the number of hours of phone duty logged by a volunteer, divided by his Length of Service (in days) at the SCIS. IR is regarded as a good index of performance by the SCIS since volunteers vary in the amount of time they give, and it is important to the SCIS that a volunteer be reliable in taking all shifts he signs up for. In addition to varying in amount of time pledged, volunteers also vary in their reliability in actually taking shifts signed up for, and in consistency in signing up for the same number of shifts month after month. In this study IR's showed a range of .133 to 1.138, with a mean IR of .469.

Technical Effectiveness Rating is a measure of performance obtained from ratings of tape recordings of the volunteers' conversations with callers. Such ratings are made routinely by a member of the SCIS research staff. TE refers to how good a job the volunteer did in accomplishing the three basic objectives of an initial telephone contact: (1) securing a line of communication with the caller, (2) evaluating the caller's condition, and (3) engaging the caller in an action plan.

The TE Scale, developed at the SCIS, is a nine-item checklist which embodies, in behavioral terms, the three basic objectives. Raters listen to all initial calls (the first call to the SCIS by a given caller) and give the volunteer a score of 1 to 9 (or 1 to 7 on calls involving non-suicidal crises). The TE Scale has demonstrated good inter-rater reliability and intra-rater reliability in three reliability studies (Fowler and McGee, 1972). The TE ratings used in this study are average TE ratings across five initial calls. A copy of the TE Scale appears as Appendix C to this study. In this study TE ratings showed a range of .176 to .770, with a mean TE of .413.

Length of Service (LS) is simply the number of days elapsed from the time a volunteer completed training to the time he/she took his/her last phone duty. Actually some volunteers remained at the SCIS in a volunteer capacity after they took their last phone shift. Because of this, a second analysis was also done, taking LS to be the length of volunteer service in any capacity. In this study, LS showed a range of 73 days to 1135 days, with a mean LS of 325 days.

Once again, the hypotheses tested in this study were as follows:

1. Motivator factors should predominate among recollections of positive experiences, whereas Hygiene factors should predominate among recollections of negative experiences.

2. Among ex-volunteers, Hygiene factors should predominate over Motivator factors as reasons for leaving volunteer service.

3. A volunteer's Motivator Score should serve as a predictor of his performance at the SCIS. Higher Motivator Scores should be associated with higher Involvement Ratios, higher TE ratings, and greater Length of Service. Lower Motivator Scores should be associated with lower performance measures.

4. Higher Motivator Scores should be associated with higher scores on the measure of self-actualization.

CHAPTER V

RESULTS

Hypothesis 1: Motivator factors should predominate among recollections of positive experience, whereas Hygiene factors should predominate among recollections of negative experiences.

It will be recalled that in Herzberg's study and the replications of his study, Motivator factors were found to predominate over Hygiene factors by ratios of 5:1 or 4:1 when positive incidents were recalled, and that Hygiene factors predominated over Motivator factors by a ratio of roughly 2:1 when negative experiences were recalled.

Table 1 below shows the percentages of Motivator factors and Hygiene factors found in this study, analyzed in terms of positive experiences and negative experiences. (As in all cases in this analysis, results are given both for the rating method and the self-check method.)

TABLE 1

Percentages of Motivator Factors and Hygiene Factors Cited by Volunteers, According to Type of Experience

Method	Positive Experiences	Negative Experiences	Total
Ratings	M = 83.3% H = 16.7%	M = 49.8% H = 50.2%	M = 67.6% H = 32.3%
Self-Check	M = 61.5% H = 38.5%	M = 43.8% H = 56.2%	M = 55.5% H = 44.5%

The data indicate support for Herzberg's hypothesis. All the differences are in the directions predicted by Herzberg, although most are not as great as those found by Herzberg. For the rating method, Motivator factors predominate over Hygiene factors by a ratio of 5:1 under positive experiences. Under negative experiences the frequency of Hygiene factors increases greatly, but they are still mentioned only at about the same frequency as Motivator factors. For the self-check method the data support Motivator-Hygiene theory both for positive and negative experiences, although in neither case are the results as pronounced as Herzberg's.

Herzberg merely presented his data in a descriptive manner. In this study a statistical analysis was done, testing the difference between expected and observed proportions. From the "Total" column in Table 1 it can be seen that the expected proportion of Motivator factors is .676 under the rating method and .555 under the self-check method. The observed proportions are those shown in Table 1. Table 2 below shows the results of this analysis.

TABLE 2

Expected vs. Observed Proportions of Motivator Factors (From Table 1)

Method	Positive Experiences	Negative Experiences
Ratings	M_{Ex} = 67.6% M_O = 83.3% z = 5.51*	M_{Ex} = 67.6% M_O = 49.8% z = -5.93*
Self-Check	M_{Ex} = 55.5% M_O = 61.5% z = 3.33*	M_{Ex} = 55.5% M_O = 43.8% z = -4.68*

* a $<$.001

Seen in this manner all differences are highly significant and in the directions predicted by Motivator-Hygiene theory, even though they are not as pronounced as the differences found in previous Motivator-Hygiene studies done in regular work settings.

Hypothesis 2: Among ex-volunteers, Hygiene factors should predominate over Motivator factors among reasons for leaving volunteer service.

The twenty-five ex-volunteers were presented with the fourteen factors in checklist form and were asked to check any and all factors which were reasons for their leaving. The ex-volunteers were also asked to rank the reasons they checked, in order of subjective importance. The most important reason received a weight of 3, the next most important reason a weight of 2, and the next most important a weight of 1. In the event they checked more than three reasons, they were asked to rank only the three most important. Table 3 shows the fourteen reasons (factors), listed in the order of the frequency with which they were cited as reasons for leaving.

The twenty-five subjects checked a total of sixty-eight reasons, which were distributed as follows:

Motivator factors = 20 (29%)
Hygiene factors = 48 (71%)

For the weighted data the Motivator-Hygiene breakdown was:

Motivator factors = 37 (27%)
Hygiene factors = 101 (73%)

TABLE 3

Reasons for Leaving Volunteer Service, Cited by Twenty-five Ex-Volunteers

Reasons (Factors)	Raw	Weighted
Organization, Mgmt, & Policy (H)	13	28
Effect on Personal Life (H)	12	27
Supervision & Training (H)	10	18
Relations with Staff (H)	8	19
Achievement (lack of) (M)	7	13
Opportunity for Growth (lack of) (M)	5	10
The Work Itself (M)	5	8
Relations with other Volunteers (H)	2	5
Responsibility (lack of) (M)	1	3
Status (H)	1	2
Advancement (lack of) (M)	1	2
Security (H)	1	1
Recognition (lack of) (M)	1	1
Physical Working Conditions (H)	1	1

Thus, in keeping with the Motivator-Hygiene hypothesis, Hygiene factors predominated over Motivator factors as reasons for leaving, both in terms of frequency and in terms of relative (subjective) importance.

Analysis of the raw (unweighted) data was done in terms of expected vs. observed proportions. Here the expected proportion was interpreted two ways: (1) taking .571 as the expected proportion of Hygiene factors, based on the fact that eight of the fourteen factors on the checklist were Hygiene factors (8/14 = .571); and (2) taking .445 as the expected proportion, based on the fact that--from Table 1--.445 of the factors checked by the subjects on the positive-and-negative-experience items were Hygiene factors. The first analysis is the more conservative one. As shown below, this analysis

yielded support for the Motivator-Hygiene hypothesis:

1. With $P_{expected} = .571$, $z = 2.25$, $.01 < a < .02$
2. With $P_{expected} = .445$, $z = 4.21$, $z < .001$

Hypothesis 3: A volunteer's Motivator Score should serve as a predictor of his performance at the SCIS. Higher Motivator Scores should be associated with higher Involvement Ratios, higher Technical Effectiveness Ratings, and greater Length of Service. Lower Motivator Scores should be associated with lower performance measures.

As stated earlier, each volunteer received two Motivator Scores--one computed from the judges' ratings of the essays and one computed from volunteer's own responses to the checklists based on their essays. The mean Motivator Scores from the two methods were:

Ratings = .698

Self-Check = .585

Thus the judges were more likely to identify Motivator factors in the essays than were the volunteers themselves. Despite this difference, the two methods did not differ in their value as predictors, as will be seen below.

Rank-order correlation coefficients were computed between the Motivator scores and each of the performance variables. (In plotting the data it was found that only the Motivator Scores as computed from the Self-Check were essentially normally distributed. The Motivator Scores as computed from the essays, as well as all three performance measures, departed

sufficiently from normality that the rank-order correlation coefficient (r_s) was used, rather than the product moment correlation coefficient (r) which assumes normal distribution of data.) Table 4 below shows the results of this analysis.

TABLE 4

Rank-Order Correlations of Motivator Scores With Performance Variables

Method of Deriving M-Scores	Performance Variables			
	TE[1]	IR	LS[2] (total service)	LS (phones only)
Ratings	$r_s = -.10$	$r_s = .416$*	$r_s = .01$	$r_s = .048$
Self-Check	$r_s = -.111$	$r_s = .296$*	$r_s = -.078$	$r_s = -.059$

* a <.01

[1]TE ratings were based on fifty of the seventy-four volunteers. Only those volunteers were used who had TE ratings on at least five initial calls. For each of these fifty volunteers the first five ratings were used.

[2]LS (Length of Service) was computed in two ways and also involved a reduced number of subjects. At the time of data analysis fifty-nine of the seventy-four volunteers had terminated service at the SCIS altogether. Eight additional volunteers had terminated phone duty but were still serving at the SCIS in other capacities. So the LS data were based on subject groups of N = 59 (total service) and N = 67 (phone duty only).

From Table 4 it is seen that Hypothesis 3 was generally not supported. Herzberg's prediction regarding Length of Service was not supported, and his prediction regarding performance was supported for only one of the other two performance variables--Involvement Ratio. In this case (IR) the Ratings and Self-Check methods agreed with each other, with the Ratings serving as a slightly better predictor.

In a further analysis the three performance variables were correlated with each other, with the following results:

r_s (TE, LS) = .514

r_s (TE, IR) = -.108

r_s (IR, LS) = -.023

Only the correlation between TE and LS was significant (and this correlation is the least reliable of the three since it was based on only thirty-eight subjects). This indicates that volunteers who were more proficient at eliciting information from callers tended to remain in service longer. However, it is seen that these volunteers were not any more "involved" while in service than volunteers with lower TE.

Finally, the two methods of deriving the Motivator Scores (Ratings versus Self-Check) were correlated with each other and were found to be positively correlated to a significant degree (r_s = .598, $\alpha < .001$).

Hypothesis 4: Higher Motivator Scores should be associated with higher scores on a measure of self-actualization.

As described earlier, the Self-Actualization scale of the Tennessee Self-Concept Scale was used in this study. The seventy-four SCIS volunteers obtained a mean SA score of 24.15, with a standard deviation of 23.07. Fitts' (1965) norms for his Normal Adult group are M = 26.02, S.D. = 21.48. Thus the volunteers in this study differed very little from Fitts' norms and do not appear to be a deviant group in either direction in terms of self-actualization.

Scores on the SA scale were correlated with the Motivator Scores, with the following results:

Ratings: r_s (M-score, S.A.) = -.238, $.01 < a < .02$

Self-Check: r_s (M-score, S.A.) = -.274, $a < .01$

Significant results were obtained, therefore, in the direction opposite that predicted by Motivator-Hygiene theory, and the two methods of determining Motivator scores were in agreement on this finding.

The Self-Actualization scale was used because it incorporates both personality strengths and personality weaknesses--which is consistent with Herzberg's contention that a person should be evaluated both on the dimension of mental health and the dimension of mental illness. However, since the Self-Actualization scale is a summary scale and perhaps subject to artifacts of mathematical operations, the results of this analysis were checked by looking at three other scales from the TSCS. These were Total P (Total Positive Self-Concept), PI (Personality Integration), and NDS (Number of Deviant Signs). The results of this analysis are shown in Table 5.

TABLE 5

Rank-Order Correlations of Motivator Scores with TSCS Sub-scales

Method of Deriving Motivator Score	TSCS Sub-scales		
	Total P	PI	NDS
Ratings	$r_s = -.199$	$r_s = -.149$	$r_s = -.082$
Self-Check	$r_s = -.259$*	$r_s = -.238$*	$r_s = -.132$

* $.02 < a < .05$

Although none of the correlations are statistically significant, two approach significance and the remainder are in the same direction as the original result. The conclusion remains that the results of this study do not support Motivator-Hygiene theory with respect to self-actualization.

One further analysis was made to determine the value of the Self-Actualization scale as a correlate of the three performance measures (TE, IR, and LS). The results of this analysis were:

r_s (SA, TE) = .190
r_s (SA, IR) = -.081
r_s (SA, LS) = .040

None of the correlations approach significance. Thus Self-Actualization fared even less well than Motivator Score as a correlate of performance. (It will be recalled that Motivator Score did predict one of the performance variables--IR.)

Evaluation of the SCIS by Volunteers

The seventy-four volunteers were asked to evaluate the SCIS on its performance by giving the SCIS a score from 1 to 100 on each of the fourteen factors, with a score of 50 representing a "passing" score. (The fourteen factors were the same six Motivator factors and eight Hygiene factors as in previous parts of the study, with one exception. Factor #6, Achievement, was here taken to mean how good a service the SCIS, as a total unit, provided for the community--rather than individual Achievement.) Table 6 shows the mean grades for each of

the fourteen factors, in descending order. The overall mean grade was 77.86, with a standard deviation of 5.12.

TABLE 6

Mean Grades Assigned Each Motivator-Hygiene Factor by Volunteers

Factor	Mean Grade	
*The Work Itself (M)	83.85	
*Opportunity for Growth (M)	83.82	
*Achievement (M)	83.45	
Responsibility (M)	82.43	
Relations with Staff (H)	82.16	
Effect on Personal Life (H)	81.22	
Relations with Co-Workers (H)	78.43	
Security (H)	78.31	
		Overall Mean
Advancement (M)	76.74	
Status (H)	75.45	
Physical Working Conditions (H)	74.08	
*Supervision and Training (H)	72.41	
*Organization, Policy and Management (H)	69.59	
*Recognition (M)	68.16	

*Denotes factors whose mean scores deviated from the overall mean by more than one standard deviation.

Motivator factors tended to be graded higher than Hygiene factors. The top four grades were given to Motivator factors. However, the difference between the mean Motivator grade and the mean Hygiene grade was not significant (79.76 vs. 76.46).

In general the SCIS should note that its volunteers see the greatest problem areas at the SCIS as: (1) Recognition for volunteer performance, (2) Organization, Policy, and Management, and (3) Supervision and Training.

It is of interest that although the volunteers downgraded the SCIS on Organization, Policy and Management, and Supervision

and Training, they nevertheless gave one of the higher grades to Relations with Staff, indicating that they did not devalue the paid staff personally because of management problems.

When the grades on the fourteen factors are compared with the reasons for leaving (discussed earlier under Hypothesis 2), two findings are noteworthy: (1) problems with Organization, Management, and Policy and Supervision and Training again were prominent. Organization, Management and Policy was the most commonly cited reason for leaving, and Supervision and Training was the third most-cited. (2) Herzberg's hypothesis that Hygiene factors will predominate when the person leaves the work setting receives further support. Recognition, a Motivator factor, received the lowest grade of all fourteen factors, yet under reasons-for-leaving Recognition is not salient and is one of the least-cited reasons for leaving.

CHAPTER VI

DISCUSSION

This study sought to provide an extension of Motivator-Hygiene theory. In an applied sense, it tested the ability of Motivator-Hygiene theory to discriminate among volunteers and to make performance predictions in a volunteer setting, as opposed to a job setting. In a theoretical sense, it sought to broaden the nomological net of Motivator-Hygiene theory by seeing if it ties in with the concept of self-actualization and research on the self-concept.

As stated earlier, previous research has, by and large, failed to identify personality correlates of effective performance in volunteer settings. Due to the theoretical base of this study, and the body of prior research from which to make predictions, it was felt that significant findings in this study would have more meaning and broader implications than would a correlation between performance and a measure which did not come from a theory with considerable prior research.

Perhaps the most immediately useful data from this study are the volunteers' ratings of the SCIS along the various dimensions represented by the Herzberg factors and the reasons given by ex-volunteers for leaving the SCIS. The SCIS, like any organization, could immediately profit from knowing in what ways it is doing well by its volunteers and in what ways it

could be made a better place in which to "work."

In general, the original formulations of Motivator-Hygiene theory were supported in this study, whereas the extensions of the theory were not. For the subjects as a group, Motivator factors were found to be associated with periods of volunteer satisfaction and Hygiene factors with periods of volunteer dissatisfaction. Also, Hygiene factors were found to predominate as reasons for leaving volunteer service. The extensions of the theory were not supported. There was no essential relation between individual Motivator scores and performance, and there was a significant relationship in the direction opposite the theory in the area of "mental health" (self-actualization). More specifically, the results of the study will now be referred to the five aims of the study mentioned earlier, and the discussion will conclude with some implications of this research for Crisis Centers such as the SCIS.

1. The applicability of Motivator-Hygiene theory to a volunteer setting was tested--in terms of the association of Motivator factors with periods of volunteer satisfaction and Hygiene factors with periods of volunteer dissatisfaction.

Here the theory proved to be clearly generalizable to a volunteer setting. Motivator factors were significantly more often cited under satisfying experiences and Hygiene factors under dissatisfying experiences. This indicates that this part of Motivator-Hygiene theory may hold for any "task-oriented" type of setting, and not just conventional work settings.

2. The applicability of Motivator-Hygiene theory in accounting for dropouts from volunteer service was tested.

Once again Motivator-Hygiene theory generalized to the volunteer setting. Hygiene factors were significantly more likely to be cited as reasons for leaving service than Motivator factors as predicted by Motivator-Hygiene theory. Once again it should be noted that this study was the first to test this hypothesis directly. Previous studies had used only speculative responses by asking workers to speculate as to which factors would most likely cause them to leave their jobs. Thus, this study was the first to involve subjects after they had left the setting.

In considering reasons for leaving service, five of the fourteen factors accounted for two-thirds of the reasons cited and seemed to form a pattern. These five factors were: Supervision and Training, Effect on Personal Life, Achievement, The Work Itself, and Organization, Policy, and Management. They seemed to comprise a phenomenon which might be called a "burn-out effect." The ex-volunteers were given the option of citing an additional reason if that reason was their most important reason for leaving and if they felt that it was not included among the fourteen reasons listed. Several of the ex-volunteers did this. These additional reasons were then rated for Motivator-Hygiene content by the raters. They were not tabulated along with the data from the fourteen reasons listed in Table 3, but their content was useful in understanding the aforementioned burn-out effect, wherein the ex-volunteers

often described the work as becoming too emotionally demanding, expressed resentment toward chronic callers who seemed not to accept help, or expressed resentment toward the SCIS staff for making extra demands on their time. This is not to say that all the ex-volunteers cited such reasons. Many of them simply cited the undertaking of new projects or the desire to concentrate more on their studies as the underlying reasons for leaving. However, the factors comprising this burn-out effect were cited by a majority of the ex-volunteers. It appeared that this effect accounted for many of the ex-volunteers citing The Work Itself, Effect on Personal Life, and (lack of) Achievement as reasons for leaving. It will be recalled that when the total subject population (including both current and ex-volunteers) graded the SCIS on the fourteen factors, the three above factors all received high grades. So there is indication that experiences which start out being exciting and rewarding often end up being emotionally draining.

However, there is indication that this burn-out effect could be prevented or lessened by better supervision and more positive feedback. Organization, Management, and Policy and Supervision and Training emerge from this study as the two factors where SCIS management needs to devote the most effort, at least as perceived by the volunteers. These two factors received the next-to-lowest grades from the volunteers and ranked 1 and 3 respectively among reasons for leaving.

3. The applicability of Motivator-Hygiene theory's predictions regarding length of service and performance was tested in a volunteer setting.

In Work and the Nature of Man (1966), Herzberg states that so-called Motivator-seekers show higher productivity and greater job longevity than so-called Hygiene-seekers. However, the point was made earlier that none of Herzberg's studies (or replications thereof) actually classified individuals as Motivator-seekers or Hygiene-seekers and then looked at production. What Herzberg and others found was a positive relationship between periods of high job satisfaction, as recalled by the subject, and high productivity as recalled by the subject, and the association of Motivator factors with these recalled periods. (The only Motivator-Hygiene studies which actually classified individual subjects as Motivator-seekers and Hygiene-seekers were those which tested the "mental health" implications of the theory--studies which will be mentioned again at a later point.) The current study is one of the few studies to test Herzberg's hypothesis literally by giving each subject an overall Motivator Score and then correlating this with performance and longevity.

The results were generally not supportive of the Motivator-Hygiene hypothesis. Only one of the three performance variables--Involvement Ratio--showed a significant correlation with Motivator Score. While the performance results gave little support to Motivator-Hygiene theory, two points should be made:

(1) The correlation between Motivator Score and Involvement Ratio is of practical value to centers such as the SCIS. Whereas it may only seem to be stating the obvious to say that high Motivators turned out to show greater motivation (greater involvement), it is nevertheless useful to the SCIS to know which of its volunteers, or what percentage, might be expected to be highly involved--to be counted on to fill their regular duty shifts and perhaps to take extra shifts. This is important in that the failure of unreliable volunteers to fill their shifts creates extra work for other volunteers and staff and adds extra pressure since the phones must be manned at all times. It was mentioned earlier that one approach to Motivator-Hygiene studies used a scale called the Choice-Motivator scale to determine the Motivator-Hygiene orientation of an individual (Motivator-seekers vs. Hygiene-seekers). The Choice-Motivator scale (Hamlin and Nemo, 1961) or an adaptation thereof could be used as a pre-testing device by a service such as the SCIS--not so much for screening purposes but for gaining an idea as to which volunteers may need extra attention or a particular kind of training. (The Choice-Motivator scale was not used in this study because of the desire to replicate Herzberg's procedure as much as possible and to determine the subjects' Motivator Scores on the basis of incidents which arose in the actual job context, which the Choice-Motivator scale does not do.)

(2) The performance results obtained here should be tempered with the consideration that research experience at the SCIS has shown it to be difficult to identify personality

correlates of volunteer performance. The difficulty appears to be in developing adequate measures of volunteer performance. This study gives further indication that the measures of performance used at the SCIS (TE, IR, LS) are less than optimal. In this study, not only did Motivator Scores correlate with only one of these three measures, but Self-Actualization also failed to correlate with any of the three measures. In addition, the three measures themselves did not correlate well with each other.

4. The "mental health" implications of Motivator-Hygiene theory were tested.

Previous studies had found support for Herzberg's extension of Motivator-Hygiene theory into the realm of mental health (Hamlin and Nemo, 1961; Fantz, 1962; Sanvold, 1962; Haywood and Dobbs, 1963; Graglia and Hamlin, 1964). Positive relationships were found between an orientation toward Motivator factors and higher levels of personal functioning. In this study this hypothesis was <u>not supported</u>. To the contrary, a statistically significant relationship was found in the direction opposite that predicted by the theory. High Motivators were significantly more likely to have <u>lower</u> Self-Actualization scores than low Motivators. It will be recalled that this result held up to further analysis when negative correlations were found between Motivator Scores and scores on three of the sub-scales from the Tennessee Self-Concept Scale.

Several points can be considered as possible explanations

of this negative finding:

(1) All but one of the previous studies of the mental health implications of Motivator-Hygiene theory involved psychiatric patients. Only one previous study (Haywood and Dobbs, who tested high school students) involved a "normal" population such as that involved in this study. Moreover, the indices of "mental health" used in the previous studies were rather minimal levels of behavioral competence on the part of seriously disturbed psychiatric patients.

(2) It will be remembered that when the volunteers graded the SCIS on the fourteen factors, the Hygiene factors received lower grades than the Motivator factors. Hygiene factors, then, were the ones which were more salient as problem areas at the SCIS. From this study it appears that the more self-actualized volunteers were more likely to focus on those unresolved (Hygiene) problems when recounting their experiences and thus they received lower Motivator scores.

(3) The lack of satisfactory performance criteria at the SCIS (discussed earlier) may have led volunteers, particularly the more self-actualized volunteers, to seek satisfaction among the job-extrinsic (Hygiene) aspects of their volunteer experience. Herzberg assumes that more mentally healthy persons will seek satisfaction in the job-intrinsic activities. But if there is no clear measure of performance in such activities, or if the individual does not know where he stands on such measures, then he may seek satisfaction elsewhere, in terms of the job-extrinsic (Hygiene) activities.

Once again, the more self-actualized person might be expected to orient towards these alternative modes of satisfaction - more readily than the less self-actualized person.

(4) Herzberg says (1966) that the more mentally healthy person "will focus on approaching self-fulfillment or psychological growth through the accomplishment of tasks." Here the definition of "task" may be important. Herzberg clearly means work-intrinsic (Motivator) tasks. A broader definition of "task" or "task accomplishments" might be more useful here. That is, the more self-actualized person would be more likely to seek the completion of <u>any</u> task he began, be it Motivator or Hygiene. To assess this we would need an indicator (measure) of whether an experience recounted by a person mentioned the <u>completion</u> of a task (whether the chosen incident described a finished or an unfinished situation), or a measure of whether the person <u>approached</u> or <u>avoided</u> the task, regardless of completion.

The mental health aspects of Motivator-Hygiene theory need to be tested further. This study shows that more self-actualized persons do not necessarily orient towards Motivator factors, as Herzberg assumes. The study indicates that further research might be done with psychiatrically normal subjects, in a setting where clear and acknowledged performance measures are obtainable, and that an analysis be made of task completion in the broader sense (regardless of whether Motivator or Hygiene factors are involved). Such research would likely indicate whether the negative finding in the

present study was due to the nature of the setting, or whether it is Motivator-Hygiene theory which needs to be amended by broadening the meaning of "task accomplishment."

5. The foregoing results and discussion have suggested several implications for crisis centers such as the SCIS:

(1) The SCIS has attracted volunteers who, as a group, are not deviant in either direction from the general population in terms of self-actualization.

(2) Volunteers perceived the SCIS as doing a better job in terms of Motivator factors than in terms of Hygiene factors.

(3) Three factors (two Hygiene factors and one Motivator factor) emerged as the main problem areas, as perceived by the volunteers: Supervision and Training, Recognition, and Organization, Policy, and Management.

(4) There appeared to be a "burn-out" phenomenon operating, in terms of reasons for leaving volunteer service, even though the factor The Work Itself received a high grade.

(5) There was indication that this burn-out effect might be prevented by better supervision and feedback, especially positive feedback for good work.

(6) Volunteers felt that their relations with staff were good. They did not downgrade the staff personally, even though they gave low grades to organization, policy, supervision, etc.

(7) There continues to be a need for good performance measures at crisis centers, if performance measures are to be used at all. To the extent that performance criteria might be

used for screening volunteer applicants, this study would reach similar conclusions to Ansel's (1972) study, which suggested that careful monitoring of calls and ongoing supervision and feedback would be a better method of improving performance than using performance measures for screening purposes.

(8) One performance correlation was found (with Involvement Ratio), and one which could be of practical benefit to crisis centers.

APPENDIX A

Motivator-Hygiene Questionnaire

Name _____

I. Think of something that has happened to you as a volunteer at the Crisis Center that made you feel really good about working as a volunteer here. It can be a series of events or a single event. It does not necessarily have to be an experience which happened on the phone--just anything that has happened to you at the Center which made you feel really good about being a volunteer here. It should be a specific event (or series of events).

A. First, tell what happened. Just describe the event. Don't describe your thoughts and feelings about it; just tell what happened.

B. Listed below are 14 "reasons." They are possible reasons why the event made you feel good about being a volunteer at the Center. Thinking about the event you just described, put a check ( ) by any of the reasons which apply to the event. (If none of the reasons applies exactly, put a check by the one(s) which come the closest.)

___1. I get recognition (from a caller, another C.A., or a member of the staff) for a good piece of work.

___2. Friendly and personal interactions with another C.A.

___3. I get good supervision or training from a member of the staff.

___4. I was selected to be on the Care Team (or to be a Crisis Counselor).

___5. It had a good effect on my personal life outside the Center.

___6. I felt that I had done my job well.

___7. Things went smoothly, giving me the feeling that the Crisis Center is well-organized and well-managed.

___8. I had a feeling of responsibility--I was given responsibility and trusted with it.

___9. It showed that I was accepted and wanted as a volunteer at the Center.

___10. The facilities and physical working conditions of the Center made the work pleasant.

___11. Friendly and personal relations with a member of the staff.

___12. Just the work itself--just doing the work itself was interesting, exciting, and rewarding.

___13. I felt that I had grown as a person from this experience (learned something new about myself, added to my knowledge in some way, saw new opportunities for myself).

___14. I was listened to and treated with respect because I was a volunteer at the Center.

+++++

II. Now, please think of one thing which has happened to you at the Center which made you feel really <u>good</u> about being a volunteer here. It can be a single event or a series of events, but it should be <u>specific</u>.

A. First, tell what happened. Just describe the event. Don't describe your thoughts and feelings about it. Just tell what happened. (Use top of next page.)

B. Below are the same 14 "reasons" as in Part I. Once again, check ( ) any reasons that apply to the event you just described. Why did this event make you feel good about being a volunteer at the Center? (If none of the reasons applies exactly, check the one(s) which come the closest.)

___1. I get recognition (from a caller, another C.A., or a member of the staff) for a good piece of work.

___2. Friendly and personal interactions with another C.A.

___3. I get good supervision or training from a member of the staff.

___4. I was selected to be on the Care Team (or to be a Crisis Counselor).

___5. It had a good effect on my personal life outside the Center.

___6. I felt that I had done my job well.

___7. Things went smoothly, giving me the feeling that the Center is well-organized and well-managed.

___8. I had a feeling of responsibility--I was given responsibility and trusted with it.

___9. It showed me that I was accepted and wanted as a volunteer at the Center.

___10. The facilities and physical working conditions of the Center made the work pleasant.

___11. Friendly and personal relations with a member of the staff.

___12. Just the work itself--just doing the work itself was exciting, interesting, and rewarding.

___13. I felt that I had grown as a person from this experience (learned something new about myself,

added to my knowledge in some way, or saw new opportunities for myself).

___14. I was listened to and treated with respect because I was a volunteer at the Center.

+++++

III. Now think of something which happened to you here at the Center which made you feel really bad about being a volunteer here. Maybe it didn't exactly make you sorry you volunteered to work here, but at least it gave you some low feelings about your work here. Once again, it can be a single event or a series of events, and it should be specific. Please be honest and frank!

A. First, tell what happened. Just describe the event. Don't describe your thoughts and feelings about it; just tell what happened.

B. Listed below are 14 "reasons" why this event made you feel bad about your work at the Center. Check any of the reasons which apply to the bad event you just described. (If none of the reasons applies exactly, check the one(s) which come the closest.)

___1. I failed to get any recognition (from a caller, another C.A., or a member of the staff) for a good piece of work.

___2. Unfriendly or impersonal relations with another C.A.

___3. I get poor (or no) supervision from a member of the staff.

___4. I was not selected to be on the Care Team (or to be a Crisis Counselor).

___5. It had a bad effect on my personal life outside the Center.

___6. I felt that I didn't do my job very well.

___7. The whole thing was such a hassle that it made me feel that the Center is poorly-organized and poorly-managed.

___8. I felt that I wasn't being trusted with much responsibility.

___9. It made me feel unsure that I was accepted and wanted as a volunteer at the Center.

___10. The facilities and physical working conditions of the Center made the work a pain.

___11. Unfriendly and impersonal relations with a member of the staff.

___12. Just the work itself--just doing the work itself wasn't nearly as exciting, rewarding, and interesting as I expected it to be.

___13. I felt the experience wasn't good for my own personal growth--or at least it wasn't stimulating to my personal growth.

___14. I felt I wasn't treated with much respect since I was just a lowly volunteer.

+++++

IV. Finally, you are asked to describe a second event (or series of events) which made you feel bad about your work at the Center. Once again, it can be a single event or a series of events, but it should be specific.

A. First, tell what happened. Don't describe your thoughts and feelings about the event. Just tell what happened. Please be honest and frank!

B. Below are the same 14 possible "reasons" why the bad event you just described made you have bad feelings about your work at the Center. Check ( ) any reasons which apply to the event you just described. (If none of the reasons applies exactly, check the one(s) which come the closest.)

___1. I failed to get any recognition (from a caller another C.A., or a member of the staff) for a good piece of work.)

___2. Unfriendly and impersonal relations with another C.A.

___3. I get poor (or no) supervision or training from the staff.

___4. I was not selected to be on the Care Team (or to be a Crisis Counselor).

___5. It had a bad effect on my personal life outside the Center.

___6. I felt that I didn't do my job very well.

___7. The whole thing was such a hassle that it made me feel that the Center is poorly-organized and poorly-managed.

___8. I felt that I wasn't being trusted with much responsibility.

___9. It made me feel unsure that I was accepted and wanted as a volunteer at the Center.

___10. The facilities and physical working conditions of the Center made the work a pain.

___11. Unfriendly and impersonal relations with a member of the staff.

___12. Just the work itself--just doing the work itself wasn't nearly as exciting, rewarding, and interesting as I had expected it to be.

___13. I felt the experience was not stimulating to my own personal growth.

___14. I felt that I wasn't treated with much respect since I was just a lowly volunteer.

+++++

V. From your experiences at the Center, we would like you to give your evaluation of the Center. You are going to give the Center a grade on several areas. Listed below are 14 items which are similar to the 14 "reasons" you have seen above. Each of these items is an area in which the Center can be evaluated. You are to give the Center a grade on each item, depending on how well <u>you</u> think the Center does on that item. Give the Center a grade from 0 to 100. A grade of 50 is passing. If you think the Center essentially fails on some item, then give a grade below 50. Write your grade in the blank before the item. For example, if you think the Center does pretty well in "giving responsibility to the volunteers," then you would give a grade of 75 or 80 or so on item #8 below. Please be <u>honest</u> and <u>frank</u>!

___1. Provides enough recognition and praise for good work.

___2. Provides an atmopshere where relations with co-workers (other volunteers) are friendly and personal.

___3. Provides supervision and training for its volunteers.

___4. Gives the volunteers an opportunity to advance as a result of good work.

___5. Provides experiences which leave you feeling good in your personal life outside the Center.

___6. Does its job well for its callers; provides a good service to the community.

___7. Organization and management: is organized and managed so that the work generally goes smoothly.

___8. Gives the volunteers responsibility and trusts them with it.

___9. Makes the volunteers feel accepted and wanted as part of the Center.

___10. Has facilities and working conditions which make the work easier.

___11. Has a friendly and personal staff.

___12. Provides work experiences which are interesting, exciting, and rewarding.

___13. Provides opportunities for personal growth on the part of its volunteers.

___14. Sees to it that the position of Clinical Associate carries some status and respect.

+++++

THE END

Please hand your papers in to research staff.

VI. If you are a <u>former</u> volunteer at the Crisis Center, please answer this <u>final</u> item.

It will be valuable for the Crisis Center to know of your reasons for terminating as a volunteer. Listed below are the 14 reasons which we have been using so far. This time please think of them as <u>reasons for leaving</u> the Crisis Center. Check as many reasons as applied to you when you left.

If you check more than one reason, please rank the reasons according to how important they were to you. Put a "1" beside the reason which was your most important reasons for leaving, a "2" beside the next most important reason, and so on.

If your <u>main</u> reason for leaving is not included among the 14 reasons, then write it in the space provided at the end. If you do this, please also check at least one of the 14 other reasons.

___1. I didn't get sufficient recognition or praise for the work I was doing.

___2. Relations with other C.A.'s were not particularly friendly.

___3. There was not enough supervision or feedback from the staff to the C.A.'s.

___4. The C.A.'s weren't given much (or any) opportunity to advance as a result of good work; no incentives.

___5. The work was having a negative effect on my personal life outside the Center.

___6. I felt like I wasn't doing a particularly good job as a C.A. (<u>or</u>, I felt that the Center itself wasn't doing a good job--indicate which).

___7. The Center was rather poorly organized and managed; the work was usually a hassle because of this.

___8. I felt that I wasn't given much responsibility, or that I wasn't trusted with responsibility.

___9. I didn't feel that I was accepted and wanted as part of the Center.

___10. The facilities and physical working conditions of the Center were a drag.

___11. The staff wasn't very friendly and personal.

___12. The work just wasn't that interesting and rewarding.

___13. The Center didn't give me any real opportunity for personal growth.

___14. As a C.A. I didn't feel that I had much status or respect.

If your main reason for leaving is not included in the list above, please write it in here.

APPENDIX B

Tennessee Self-Concept Scale--Profile Sheet

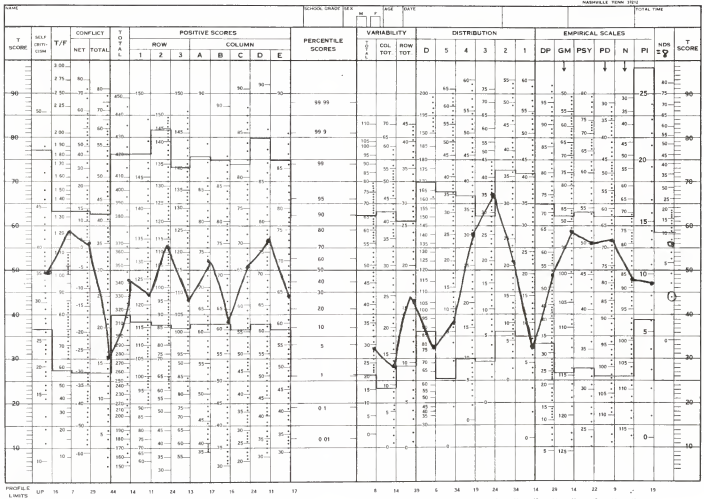
Tennessee Self Concept Scale

WILLIAM H. FITTS 1964

PROFILE SHEET

Clinical and Research Form
PUBLISHED BY:
COUNSELOR RECORDINGS AND TESTS
BOX 1198 ACADEMY STA
NASHVILLE TENN 37202

NAME | SCHOOL GRADE SEX M F AGE DATE | TOTAL TIME



APPENDIX C

Technical Effectiveness Scale

CA #	CASE #	SUICIDE	NON-SUICIDE	DATE/CALL	TR GRP	RATER	REEL

	YES	NO
1. COULD THE CALLER BE IMMEDIATELY RE-CONTACTED In order to answer this question affirmatively, the call must contain enough information to enable the SCIS to return the call and contact the caller; or to immediately go to the caller.		
2. DID THE VOLUNTEER ASK FOR (OR OBTAIN) SPECIFIC INFORMATION REGARDING SIGNIFICANT OTHERS? A specific question dealing with the possibility of roommates, parents, neighbors, friends, relatives, etc. must occur in order to answer this question "yes." A general inquiry such as "Do you have anybody to talk to" will not qualify.		
3. WERE SPECIFIC PROBLEMS IDENTIFIED? A problem identified to which the SCIS can respond, even if it is not the focal problem, will qualify.		
4. DID THE VOLUNTEER COMMUNICATE THAT HE/SHE IS WILLING TO HELP? This question may be answered on the basis of both affect and/or content.		
5. DID THE VOLUNTEER DEVELOP A STRUCTURED ACTION PLAN OR HELP THE CALLER DEVELOP ONE? A structured plan of action must lead to some action or event that will involve the caller in an observable behavior.		
6. DID THE CALLER AGREE TO THE ACTION PLAN? A definite commitment must be obtained from the caller in order for this item to be answered "yes."		
7. WAS IT DETERMINED WHETHER OR NOT THIS WAS A SUICIDE CASE? Specific inquiry from C.A. mentioning suicide or "kill self"; or spontaneous comment from caller.		
8. (a) DID THE VOLUNTEER ASK ABOUT A SUICIDE PLAN?		
OR		
(b) IF THE CALLER VOLUNTERILY DISCLOSED THE INFORMATION, DID THE VOLUNTEER SEEK FURTHER DETAILS?		
Answer either (a) or (b) above, but <u>not</u> both.		
9. WAS IT DETERMINED WHETHER PAST ATTEMPTS HAD BEEN MADE?		

REFERENCES

Anderson, F. Cited in Herzberg, F. Work and the nature of man. Cleveland: World Publishing Co., 1966, 115-117.

Ansel, E. L., and McGee, R. K. Attitudes toward suicide attempters. Bulletin of Suicidology, 1971, 8, 181-187.

Ansel, E. L. Correlates of volunteer performance in a suicide prevention/crisis intervention service. Doctoral dissertation, University of Florida, 1972.

Belanger, R. CPI predictors of clinical effectiveness of volunteers in a suicide and crisis intervention service. Doctoral dissertation, University of Florida, 1972.

Chinsky, J. M., and Rappaport, J. Attitudes and attitude change among college students serving as mental health workers in a state hospital setting. Paper presented at Eastern Psychological Association, April, 1969.

Clegg, D. The motivation of county administrators in the cooperative extension service. Doctoral dissertation, University of Wisconsin, 1963.

Cowen, E. L., Gardner, E. A., and Zax, M. (Eds.) Emergent approaches to mental health problems. New York: Appleton-Century-Crofts, 1967.

Cytryn, L., and Uihlein, A. Training of volunteers in the field of mental retardation--an experiment. American Journal of Orthopsychiatry, 1965, 35, 493-499.

Ewalt, P. (Ed.) Mental health volunteers. Springfield, Ill. Charles C. Thomas, 1967.

Fantz, R. Motivational factors in rehabilitation. Doctoral dissertation, Western Reserve University, 1962.

Fine, S., and Dickman, R. Satisfaction and productivity. Paper presented at American Psychological Association, St. Louis, September, 1962.

Fitts, W. H. The self-concept and psychopathology. Dede Wallace Center Studies on the Self-Concept and Rehabilitation, #4, 1972.

Fitts, W. H., et al. The self-concept and self-actualization. Dede Wallace Center Studies on the Self-Concept and Rehabilitation, #3, 1971.

Fitts, W. H. Manual for the Tennessee Self Concept Scale. Nashville, Tennessee: Counselor Recordings and Tests, 1965.

Fowler, D. E., and McGee, R. K. Assessing the performance of telephone crisis workers: The development of a technical effectiveness scale. In D. Lester and G. Brockopp (Eds.), Crisis intervention and counseling by telephone. Springfield, Illinois: Charles C. Thomas, 1973.

Gelineau, V. A. Explorations of the volunteer role: The case aide program at Boston State Hospital. In Ewalt, P. (Ed.), Mental Health Volunteers. Springfield, Illinois: Charles C. Thomas, 1967, 35-44.

Gendel, H. Cited in Herzberg, F. Work and the nature of man. Cleveland: World Publishing Co., 1966, 117-120.

Gibson, J. W. Sources of job satisfaction and job dissatisfaction as interpreted from an analysis of write-in responses. Doctoral dissertation, Western Reserve University, 1961.

Graglia, A. and Hamlin, R. Effect of effort and task orientation on activity preference. Paper presented at Eastern Psychological Association, Philadelphia, 1964.

Guerney, B. Psychotherapeutic agents: New roles for nonprofessionals, parents, and teachers. New York: Holt, Rinehart, and Winston, 1969.

Halpern, G. Relative contributions of motivator and hygiene factors to overall job satisfaction. Journal of Applied Psychology, 1966, 50, 198-200.

Hamlin, R., and Nemo, R. Self-actualization in choice sources of improved schizophrenics. Journal of Clinical Psychology, 1961, 18, 201-207.

Haywood, C. H., and Dobbs, H. Motivation and anxiety in high school boys. Peabody papers in Human Development, Vol. 1, 1963.

Heilig, S. M., et al. The role of non-professional volunteers in a suicide prevention center. Community Mental Health Journal, 1968, 4, 287-295.

Herzberg, F. Work and the nature of man. Cleveland: World Publishing Company, 1966.

Herzberg, F. The motivation to work among Finnish supervisors. Personnel Psychology, 1965, Winter.

Herzberg, F., Mausner, B., and Snyderman, B. The motivation to work. John Wiley and Sons, New York, 1959.

Herzberg, F., Mausner, B., Peterson, R., and Capwell, D. Job attitudes: Research and opinion. Psychological Service of Pittsburgh, 1957.

Holzberg, J. D. The companion program: Implementing the manpower recommendations of the Joint Commission on Mental Health and Illness. American Psychologist, 1963, 18, 224-226.

House, R. J., and Wigdor, L. A. Herzberg's dual-factor theory of job satisfaction and motivation: A review of the evidence and a criticism. Personnel Psychology, 1967, 20 (4), 369-389.

Jennings, B. In McGee, R. K., Knickerbocker, D. A., Fowler, D. E., Jennings, B., Ansel, E. L., Zelenka, M. H., and Marcus, S. Evaluation of crisis intervention programs and personnel: A summary and critique. Life-Threatening Behavior, 2 (2), 1972.

Joint Commission on Mental Illness and Health. Action for mental health. New York: Wiley, 1961.

Kaplan, H. R., Tauskey, C., and Bolaria, B. Job enrichment. Personnel Journal, 1969, October, 791-798.

Kirkpatrick, P., and Michael, S. Study methods, mental health ratings. In L. Srole, et al. (Eds.) Mental health in the metropolis: The midtown manhattan study, Vol. I. New York: McGraw Hill, 1962.

Knickerbocker, D. A., and McGee, R. K. Clinical effectiveness of volunteer crisis workers on the telephone. In D. Lester and G. Brockopp (Eds.), Crisis intervention and counseling by telephone. Springfield, Illinois: Charles C. Thomas, 1973.

Kraft, I. A., Use of volunteers as social work technicians in child psychiatry. American Journal of Orthopsychiatry, 1965, 35, 264-265.

Maslow, A. H. Toward a psychology of being. Princeton, New Jersey: D. Van Nostrand Co., Inc., 1962.

Maslow, A. H. In Jones, M. R. (Ed.) Nebraska symposium on motivation, 1955. Lincoln, Nebraska: University of Nebraska, 1955.

McGee, R. K., and Jennings, B. Ascending to lower levels: The case for nonprofessional crisis workers. In D. Lester and G. Brockopp (Eds.), Crisis intervention and counseling by telephone. Springfield, Illinois: Charles C. Thomas, 1973.

McGee, R. K. Knickerbocker, D. A., Fowler, D. E., Jennings, B., Ansel, E. L., Zelenka, M. H., and Marcus, S. Evaluation of crisis intervention programs and personnel: A summary and critique. Life-Threatening Behavior, 2, 1972, (2).

McGee, R. K., Knickerbocker, D. A., Fowler, D. E., Jennings, B., Ansel, E. L., Zelenka, M. H., and Marcus, S. Evaluation of crisis intervention programs and personnel: A summary and critique. Symposium presented at American Association of Suicidology, Washington, March, 1971.

McGee, R. K. U. S. suicide prevention center survey. University of Florida, 1969 (unpublished mimeo).

McGee, R. K., Pennington, J. and Hegert, T. Criteria for selecting and evaluating nonprofessional crisis workers in a suicide prevention center. University of Florida, 1967 (unpublished mimeo).

Mitchell, W. E. The use of college student volunteers in the outpatient treatment of troubled children. In Hussy, H. R. (Ed.) Mental health with limited resources. New York: Grune and Stratton, 1966. 63-72.

Myers, M. S. Who are your motivated workers? Harvard Business Review, 1964, January-February.

Perczel, J. Cited in Herzberg, F. Work and the nature of man. Cleveland: World Publishing Co., 1966, p. 120.

Reding, G. R., and Goldsmith, E. F. The nonprofessional hospital volunteer as a member of the psychiatric consultation team. Community Mental Health Journal, 1967, 3, 267-272.

Resnik, H. L. P. (Ed.) Suicidal behaviors: diagnosis and management. London: J. A. Churchill, Ltd., 1968.

Saleh, S., and Otis, J. Sources of job satisfaction and their effects on attitudes toward retirement. Journal of Industrial Psychology, 1963, 1.

Sanders, R. New manpower for mental hospital service. In Cowen, E. L., et al. (Eds.) Emergent approaches to mental health problems. New York: Appleton-Century-Crofts, 1967, 128-143.

Sanvold, K. The effect of effort and task orientation on the motivator orientation and verbal responsivity of chronic schizophrenic patients and normals. Doctoral dissertation, University of Illinois, 1962.

Scheier, I. H., and Goter, L. P. Using volunteers in court settings. Washington: U. S. Government Printing Office, 1969.

Schwartz, P. Attitudes of middle management personnel. Pittsburgh: American Institute for Research, 1959.

Shostrom, E. L. An inventory for the measurement of self-actualization. Educational and Psychological Measurement, 1964, 24 (2), 207-218.

Stollak, G. E. The experimental effects of training college students as play therapists. Psychotherapy, 1968, 5, 77-80.

Tapp, J. T. Characteristics of volunteers. Paper presented at American Association of Suicidology, Detroit, April, 1972.

Truax, D. B., and Carkhuff, R. R. Toward effective counseling and psychotherapy: Training and practice. Chicago: Aldine Publishing Co., 1967.

Umbarger, C. C.,and Dalsimer, E. T. College students in a mental hospital. New York: Grune and Stratton, 1962.

Vroom, V. H. Work and motivation. New York: John Wiley and Sons, 1964.

Walt, E. Cited in Herzberg, F. Work and the nature of man. Cleveland: World Publishing Company, 1966.

Whitsett, D. A., and Winslow, E. K. An analysis of studies critical of the Motivator-Hygiene theory. Personnel Psychology, 1967, 20 (4), 391-415.

BIOGRAPHICAL SKETCH

Bruce Phillip Jennings was born on December 17, 1941, in Charleston, West Virginia. He attended public schools there and was graduated from Stonewall Jackson High School in 1960. He received his B. A. in Psychology from Duke University in 1964 and his M. A. in Psychology from West Virginia University in 1965. From 1965-1968 he was employed by the United States Peace Corps in Kabul, Afghanistan, and Estes Park, Colorado.

He entered the University of Florida in 1968. Since 1971 he has been employed by the North Central Florida Community Mental Health Center as Area Director for the Tri-County area and, subsequently, as Team Leader for Alachua County. He is a Trainee of the Gestalt Therapy Institute of Florida and has been a member of the Alternative Counseling Center collective since 1972.

In 1965 he married the former Phoebe Skaff of Charleston, West Virginia, and has one daughter, Anne.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Richard K. McGee, Chairman
Associate Professor of Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Henry S. Pennypacker, Jr.
Professor of Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Hugh C. Davis, Jr.
Professor of Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Robert C. Ziller
Professor of Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality as a dissertation for the degree of Doctor of Philosophy.

David Lane
Professor of Education

This dissertation was submitted to the Graduate Faculty of the Department of Psychology in the College of Arts and Sciences and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

Dean, Graduate School